

Form **W4768****Application for Extension of Time to File a  
Wisconsin Estate Tax Return (W706)**For Estates of Resident and Nonresident Decedents When  
Date of Death Is On or After October 1, 2002**Mail to:**Wisconsin Department of Revenue  
PO Box 8904  
Madison, WI 53708-8904  
Telephone No. (608) 266-2772**Part I Identification**

|   |  |  |
|---|--|--|
| Decedent's first name and middle initial                    | Decedent's last name                                   | Date of death                                |
| Name of executor  | Name of application filer (if other than the executor) | Decedent's social security number<br>   <br> |
| Address of executor (number, street, and room or suite no.) | Estate tax return due date                             | Estate federal ID number (EIN)               |
| City, state and zip code                                    | County of Jurisdiction                                 |  |

**Part II Maximum Extension of Time to File Is 6 Months**

You must attach your written statement to explain in detail why it is impossible or impractical to file a reasonably complete return within 9 months after the date of the decedent's death.

Extension date requested

**Part III Payment to Accompany Extension Request**

|  |   |  |
|--|---|--|
| 1 Amount of Wisconsin estate tax estimated to be due . . . . .                       | 1 |  |
| 2 Advance payment (Complete Form 401T in duplicate and attach to this form.) . . . . | 2 |  |
| 3 Balance due . . . . .  | 3 |  |

**Part IV Signature and Verification****► If filed by executor –**

Under penalties of perjury, I declare that I am an executor of the estate of the above-named decedent and that to the best of my knowledge and belief, the statements made herein and attached are true and correct.

\_\_\_\_\_  
Executor's signature\_\_\_\_\_  
Date\_\_\_\_\_  
Telephone Number**► If filed by someone other than the executor –**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein and attached are true and correct, that I am authorized by the executor to file this application, and that I am (check box[es] that applies):

- ☐ A member in good standing of the bar of the highest court of (specify jurisdiction) ► \_\_\_\_\_
- ☐ A certified public accountant duly qualified to practice in (specify jurisdiction) ► \_\_\_\_\_
- ☐ A person enrolled to practice before the Internal Revenue Service
- ☐ A duly authorized agent holding a power of attorney. (Attach copy of Power of Attorney, Form A-222)

\_\_\_\_\_  
Filer's signature (other than the executor)\_\_\_\_\_  
Date\_\_\_\_\_  
Telephone Number